

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$125.00 for date of service 05/07/01.
- b. The request was received on 02/11/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60a/b and Letter Requesting Dispute Resolution dated 01/29/01
 - b. HCFA
 - c. EOB
 - d. Medical Audit dated 12/02/01
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60a/b and Response to a Request for Dispute Resolution dated 02/25/02
 - b. EOB
 - c. Medical Audit summary dated 12/02/01
Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome
3. The carrier indicated that the sign sheet shows 02/12/02 per a telephone call between TWCC MDRO and the carrier per Rule 133.307 (g) (3). The response from the insurance carrier was received in the Division on 02/26/02. The carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITION

1. Requestor: The requestor states in the correspondence dated 01/29/02 that,
 “(A) Dr...referred Ms...to...for the Work Hardening Program.
 B) According to TWCC fee guidelines a mental health evaluation is
 recommended prior to entrance into the Work Hardening Program.
 C) A mental health evaluation is not part of the Work Hardening Program
 And should be billed separately.
2. Respondent: The respondent states in correspondence dated 02/25/02 that,
 “1. The requester billed the carrier for a mental health evaluation using CPT Code 90830. The requester asserts that the purpose of the mental health evaluation was to determine the injured worker’s readiness for the Work Hardening Program. The requester further asserts that the that [sic] the [sic] mental health evaluation was not a part of work hardening and, therefore, should be billed separately.... The requester did not obtain preauthorization from the Carrier as required by TWCC Rule 134.600 for ‘psychiatric or psychological therapy or testing except as part of a work hardening program...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 05/07/01.
2. The carrier denied the charges in dispute as “A – PREAUTHORIZATION REQUIRED BUT NOT REQUESTED.” The medical audit dated 12/02/01 states, “Preauthorization was not obtained per rule 134.600.” The carrier’s response is timely and no other EOB(s) are noted.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/07/01	90830	\$125.00	\$0.00	A	\$125.00	§ Rule 133.1 (a) (3) (E) (i); § Rule 133.307 (g) (3) (B); CPT descriptor	<p>The provider failed to submit a report for the service billed 05/07/01. The provider submitted an unsigned "Psychological Screening Evaluation Worksheet" dated "5-7-01" The form-like worksheet states, "The results of the Psychological Screening Battery (administered in conjunction with this evaluation) are as follows:..."</p> <p>The worksheet appears to be attached to a Functional Capacity Evaluation. The FCE report dated 05/03/01 includes a section titled "PSYCHOLOGICAL PRE-SCREEN: The results of the Psychological Screening Battery (administered in Conjunction with this evaluation) are as follows: PERSONALITY ASSESSMENT SCREENER, SHORT – FORM MCGILL PAIN QUESTIONNAIRE, BECK ANXIETY INVENTORY, BECK DEPRESSION INVENTORY." These are the exact same issues addressed on the Screening Evaluation dated 5-7-01, three days after the FCE report. There is no testing report for the date of the billed serviced. The "INVOICE & PAYMENT INFORMATION" submitted by the provider indicates the carrier paid for all the billed services beginning 05/03/01 through 06/08/01. The payment information shows that the work hardening program began on 05/07/01, the same day the provider billed the CPT code 90830 for psychological testing. It appears the provider failed to bill the correct CPT code for the testing and the carrier failed to recognize that the psychological testing was part of the work hardening program which is exempt from preauthorization. The provider failed to meet the criteria of the CPT descriptor and or submit a report as required. The psychological testing as part of the work hardening program does not require pre-authorization., but the provider is responsible to prove that the service was rendered as billed by submitting a copy of the report as billed. No reimbursement is recommended.</p>
Totals		\$125.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 17th day of April, 2002.

Donna M . Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.